11568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Pomonkey
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? —
Hospital, Institution, or street address where death occurred: Home of midwife, Mollie Clark, Pomonkey, Md
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Pomonkey
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME Premature female infant Bransome

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife —
6.(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): November 7, 1940

8. AGE: Years | Months | Days | If less than one day ... hrs. 5 min.

9. Birthplace: Pomonkey, Md
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name: Pete Byers
13. Birthplace: Not known

MOTHER
14. Maiden name: Alice Rebecca Bransom
15. Birthplace: Fenwick, Md

16. Informant: Alice Bransom
Address: Fenwick, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 8, 1940 (month) (day) (year)
Cemetery or crematory: Metrop M. E. Church
Location: Pomonkey Md

18. Funeral director: Penny & Cofer
Address: Mason Springs Md

19. 11-7- 1940 (Date rec'd by registrar) Mayme E. Ransome Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 7 1940, at 10 35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to 19
and that I last saw h alive on — 19

Immediate cause of death: Prematurity — DURATION: 6 1/2 mos
Due to: Not known
Due to: Not known
Other conditions —
(Include pregnancy within 3 months of death)
Major findings of operations —
Date of op.
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frank G. Susan M. D. M. D. or other
Address: Indian Head Md Date signed: Nov 7, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 11 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

11569

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Pomonkey

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred: Home of midwife Lollie Clark, Pomonkey, Md

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Pomonkey

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

Premature male infant Bransom

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 7, 1940

8. AGE: Years | Months | Days | If less than one day ..... hrs. 2 min.

9. Birthplace: Pomonkey, Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name: Pete Byers

13. Birthplace: Not known

MOTHER

14. Maiden name: Alice Rebecca Bransom

15. Birthplace: Fenwick, Md

16. Informant: Alice Bransom

Address: Fenwick, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 8, 1940 (month) (day) (year)

Cemetery or crematory: Metrop. M. E. Church

Location: Pomonkey, Md

18. Funeral director: Penny & Cofer

Address: Mason Springs Md

19. 11-7-1940 (Date rec'd by registrar) Mayme E. Ransome Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 7 1940, at 10 52 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ..., to — 19 ...

and that I last saw h — alive on — 19 ...

Immediate cause of death	DURATION
Prematurity	6½ mos
Due to: Not known	
Due to: Not known	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury — Injured at work? —

23. SIGNATURE: Frank G. Susan M. D. M. D. or other

Address: Indian Head, Md Date signed: 11/7/40

RECEIVED
DEC 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

11570

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? None

Hospital, Institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Issue

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Infant Clementa Stillborn.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1940

8. AGE: Years | Months | Days | If less than one day: More ..... min.

9. Birthplace: La Plata, Charles, Md.

(Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

FATHER 12. Name: John Oscar Clementa,

13. Birthplace: Newport, Md.

MOTHER 14. Maiden name: Edna Melinda Herbert,

15. Birthplace: Issue, Md.

16. Informant: John O. Clementa, (father)

Address: Issue, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16 1940 (month) (day) (year)

Cemetery or crematory: Holy Ghost Issue Md

Location: Same

18. Funeral director: Hewitt and Ryon

Address: Waldorf Md

19. Nov. 14 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: About Nov. 7 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Nov. 13 1940 ~~to~~ ~~19~~ and that I ~~last~~ saw h~~im~~ ~~alive~~ on Nov. 13 1940

Immediate cause of death	DURATION
Died in utero of unknown causes days before onset of labor.	
Due to	
Stillborn	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: James L. MacKaracy M.D. M. D. or other

Address: La Plata, Md. Date signed 11-14-40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

11571

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:
County: Charles
City or town: LaPlata Md. Chas Mem Hospital
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: LaPlata Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME George Hall

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Black.	Widowed

6.(b) Name of husband or wife

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 26 - 1866

8. AGE: Years	Months	Days	If less than one day
74	8	27	..... hrs. ..... min.

9. Birthplace La Plata md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name William Hall
13. Birthplace La Plata Md

MOTHER
14. Maiden name Ann Tyler
15. Birthplace La Plata Md

16. Informant William Hall
Address La Plata Md

17. Burial Date thereof 11-24-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Briscoe Cemetery
Location East Brice Md

18. Funeral director Hunt & Ryon
Address Waldorf Md

19. Nov 23rd 1940 Lillian Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 6 1940, to Nov 21 1940
and that I last saw him alive on November 20 1940

Immediate cause of death	DURATION
Congestive Heart Failure	9-20-40
Due to: Hypertension	1938
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. J. Edelen M. D.
M. D. or other
Address La Plata Date signed 11-22-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11572

(73-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 1 05

1. PLACE OF DEATH:

County: Charles

City or town: Rural nr. Waldorf (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural nr. Waldorf (If outside city or town limits, write RURAL and give nearest town)

Street No.: Hintze's Garage (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Elizabeth M. Hintze

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Unknown — separated 18 yrs.

6.(b) Name of husband or wife: Frederick Hintze (deceased)

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): July 27, 1871

8. AGE: Years	Months	Days	If less than one day
69	4	1	...hrs. ...min.

9. Birthplace: Berlin Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER — 12. Name: Unknown

13. Birthplace: Germany

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Germany

16. Informant: Erich Hintze (Son)

Address: Waldorf Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/30/40 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland, Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md.

19. Nov 30 1940 (Date rec'd by registrar) M. L. Mourer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 28, 1940, at 7^00 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ~~on~~ Nov. 28 1940, to ~~...~~ 19...

and that I ~~last~~ saw her ~~alive~~ on Nov. 28 1940

Immediate cause of death	DURATION
Sudden death — apparently	
Coronary occlusion	Seconds
Due to: Arteriosclerosis (coronary artery) heart disease	?
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ~~...~~ Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: James L. MacKenzie, M.D., Dep. Med. Examiner (M. D. or other)

Address: La Plata, Md. Date signed 11-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

11573

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Spring Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Spring Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Leonora Rebilla Murphy

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Charles A. Murphy

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec. 24, 1860

8. AGE: Years	Months	Days	If less than one day
79	10	6	...hrs. ...min.

9. Birthplace: Spring Hill, Charles, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: own home

FATHER
12. Name: Richard E. Murdock
13. Birthplace: Nanjemoy, Md.

MOTHER
14. Maiden name: Mary E. Marsh
15. Birthplace: Spring Hill, Md.

16. Informant: Mrs. X. W. Salmon (daughter)
Address: Spring Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 2-1940 (month) (day) (year)

Cemetery or crematory: St. Ignatius Chapel Point

Location: Sawin

18. Funeral director: Hewitt and Ryon

Address: Waldorf, Md.

19. Dec 1st 1940 (Date rec'd by registrar) Lillian V. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 30 1940 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 31, 1939, to Nov. 30, 1940 and that I last saw h.. alive on Nov. 23 1940

	DURATION
Immediate cause of death: Congestive heart failure	1 week
Due to: Coronary artery disease	2 months
Due to: Generalized arteriosclerosis	2 years +
Other conditions: Cerebral hemorrhage	2 years
Arteriosclerotic gangrene (See instructions)	2 months

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. MacKenzie, M.D. M. D. or other

Address: La Plata, Md. Date signed 11-30-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

11574

Reg. Dist. No. 10W

1. PLACE OF DEATH:

County: Charles

City or town: Rural near Bel Alton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural nr. Bel Alton
(If outside city or town limits, write RURAL and give nearest town)

Street No.: opp. Fair Grounds
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: James Alfred Muschette

3.(b) Social Security Number: 212-16-0362

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Mary Elizabeth Muschette (nee Frederick) 6.(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): June 2, 1911

8. AGE: Years	Months	Days	If less than one day
29	5	8	...hrs. ...min.

9. Birthplace: Berville, Charles Md. (Town, county, and state)

10. Usual occupation: Truck driver

11. Industry or business: Street building contractor FOR

FATHER — 12. Name: George Muschette

FATHER — 13. Birthplace: Potpret, Md.

MOTHER — 14. Maiden name: Mary Elizabeth Shorter

MOTHER — 15. Birthplace: Berville, Md.

16. Informant: Mary Elizabeth Muschette (wife)

Address: Bel Alton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 12 1940 (month) (day) (year)

Cemetery or crematory: St Joseph Pamput Md.

Location: North

18. Funeral director: Hewitt and Ryon

Address: Waldorf Md

19. Nov. 10 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10, 1940 at 5:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10, 1940, to —; and that I last saw him on Nov. 10, 1940

Immediate cause of death	DURATION
Intra-abdominal hemorrhage	4 hrs.
Due to: Gunshot wound of abdomen	4 hrs.
Due to: Homicide by firearm.	4 hrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Homicide Date of: 11-10-40

Where did injury occur? Bel Alton (City or town), Charles (County), Md. (State)

Injured at home, farm, industry, public place (where?): At home

Means of injury: Shotgun Injured at work? No

23. SIGNATURE: James L MacKenzie, M.D., Dep. Med. Examiner M. D. or other

Address: La Plata, Md. Date signed: 11-10-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11575

95-C

1. PLACE OF DEATH

County Charles Registration Dist. No. 16

Village or City Indian Head No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hutch Pulley If U. S. Veteran, specify WAR

(a) Residence: No. Indian Head Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	W	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Alice Coleman Pulley

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11-4-40

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER

13. NAME James Pulley

14. BIRTHPLACE (city or town) (State or country) Washington DC

MOTHER

15. MAIDEN NAME Roberta Miller

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Mrs R. H. Pulley (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC Date 11-17-40, 19

19. UNDERTAKER J. W. Lee (Address) Washington D.C.

20. FILED Nov 14, 1940 Odie Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11- (Month) 14 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1940, to 11-14, 1940

I last saw he alive on 11-14-40, 19; death is said to have occurred on the date stated above, at 4.05 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Cardiac Asthma 95 C 2	11-5-40
Other Contributory Causes of importance: Generalized Arterio-Sclerosis 97	

Name of operation None Date of

What test confirmed diagnosis? Post mortem Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James E. Andrew M.D.

(Address) Indian Head Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

DEC 3 1940
BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

11570

Reg. Dist. No. 102

1. PLACE OF DEATH:
County: Charles
City or town: Grayton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Chas.
City or town: Marbury Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank Thomas

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Cld	Widowed

6 (b) Name of husband or wife: Frances Smith.
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Mch 6, 1853

8. AGE:

Years	Months	Days	If less than one day
87	8	6	hrs. min.

9. Birthplace: Charles Co. Maryland.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Catherine ?
15. Birthplace: Unknown

16. Informant: Frank Thomas.
Address: Marbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16 1940 (month) (day) (year)
Cemetery or crematory: Emory Chapel
Location: Grayton, Md.
18. Funeral director: B. Stanley Penny
Address: Pomonkey Md.

19. Nov. 13 19 40 (Date rec'd by registrar) John J. Maddox Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12 19 40 at 12 50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8 19 40 to Nov 12 19 40, and that I last saw h— alive on Nov. 11 19 40

Immediate cause of death	DURATION
Chr. Cardio-Renal Disease.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bidwell M.D.
M. D. or other
Address: Marbury Md. Date signed: Nov. 12 '40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH CB 11577

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:

County: Charles

City or town: Morgantown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Virginia County: Middlesex Co.

City or town: (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Norman Hake

3.(b) Social Security Number:

4. Sex: Male

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: ✓

6.(b) Name of husband or wife:

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: 37 Years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Hartfield, Va. (Town, county, and state)

10. Usual occupation: Fishing

11. Industry or business

FATHER 12. Name: Addison H. Wake

13. Birthplace: Hartfield Va.

MOTHER 14. Maiden name: Julia Middleton

15. Birthplace: New Upton, Va.

16. Informant: Morgan S. Wake

Address: Wake, Va.

17. Removal (~~Burial, cremation, or~~ removal. Which?) Date thereof: 11/22/40 (month) (day) (year)

Cemetery or crematory: Grafton cemetery.

Location: Hartfield, Va.

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md.

19. Nov. 22 1940 (Date rec'd by registrar) T. L. Hidden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20 1940 at 10 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from coronor case 19 to sudden death 19

and that I last saw h... alive on never 19

Immediate cause of death: Drowning

DURATION: 11-20-40

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 11-20-40

Where did injury occur? Fell overboard (City or town) Charles (County) Md. (State)

Injured at home, farm, industry, public place (where?): industry

Means of injury: fell overboard Injured at work? no

23. SIGNATURE: J. J. Edelen M.D. M. D. or other

Address: Laplata Date signed 11-22-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164-C

CERTIFICATE OF DEATH

11578

Reg. Dist. No. 102

1. PLACE OF DEATH:

County: Charles

City or town: Pomfret

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Pomfret

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: William Alexander Ware

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Mary Ware (nee Mason)

6.(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Nov. 18, 1868

8. AGE: Years	Months	Days	If less than one day
71	11	23	...hrs. ...min.

9. Birthplace: White Plains, Charles, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: own farm

FATHER — 12. Name: Wallace Ware

FATHER — 13. Birthplace: Port Tobacco, Md.

MOTHER — 14. Maiden name: Mary Hanson,

MOTHER — 15. Birthplace: White Plains, Md.

18. Informant: Mary Ware (wife), Address: Pomfret, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-14-40 (month) (day) (year)

Cemetery or crematory: St Joseph Pomfret Md

Location: Pomfret Md

18. Funeral director: Hunt & Tyson

Address: Waldorf Md

19. Nov. 13 1940 (Date rec'd by registrar) Mrs. Jeannette T. Mudd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11, 1940, at 4:30 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Nov. 11, 1940, ~~to~~ and that I ~~last~~ saw h... on Nov. 11, 1940

Immediate cause of death	DURATION
External hemorrhage from lacerated wound of neck	1-2 min.
Due to: Suicide by firearm.	1-2 min.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of 11-11-40

Where did injury occur? Pomfret (City or town), Charles (County), Md. (State)

Injured at home, farm, industry, public place (where?): At home

Means of injury: Shotgun Injured at work? No

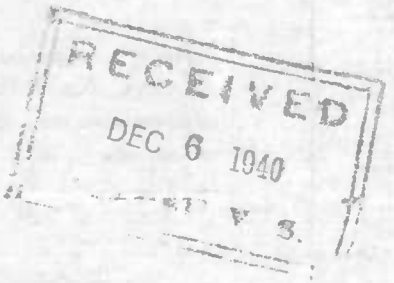
23. SIGNATURE: James L. Mackenzie, M.D., Dep. Med Examiner M.D. or other

Address: La Plata, Md. Date signed 11-12-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING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DEC 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11579

Reg. Diat. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Peter Preston Williams

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married.

6.(b) Name of husband or wife: Caroline Cobey Williams
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 16 1859

8. AGE: Years: 81 Months: Days: 11 If less than one day: hrs. min.

9. Birthplace: Charles Co. (Town, county, and state)

10. Usual occupation: Retired Merchant

11. Industry or business:

FATHER
12. Name: Peter Williams
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden name: Ann Burgess
15. Birthplace: Charles Co. Md

16. Informant: Preston Williams (son)
Address: 3824 Beecher St N.W. DC.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/29/40 (month) (day) (year)
Cemetery or crematory: Durham Church
Location: Ironsides, md

18. Funeral director: Hunt & Ryon
Address: Waldorf, md.

19. Nov. 28 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 27 1940 at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/21 1940 to 11/27 1940
and that I last saw h... alive on 11/27 1940

Immediate cause of death	DURATION
Uremia	3 days.
Cerebral Thrombosis	7 days
Due to Arteriosclerotic Cardio-Vascular-renal Disease ?	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: J. T. McAndrew M.D. M. D. or other
Address: La Plata Md. Date signed 11/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
BUREAU V. S.